

PATENT APPLICATION DECLARATION AND POWER OF ATTORNEY.

I HEREBY DECLARE THAT:

My residence, post office address, and citizenship are as stated next to my name in PART A of page 2 hereof.

I believe I am the original, first, and sole inventor (if only one name is listed) or an original, first, and joint inventor (if plural names are listed) of the subject matter which is claimed and for which a patent is sought on the invention entitled TISSUE TYPE PLASMINOGEN ACTIVATOR (t-PA) VARIANTS HAVING ZYMOGEN CHARACTERISTICS: COMPOSITIONS AND METHODS OF USE the specification of which:

\_\_\_\_\_ is attached hereto

X was filed on December 11, 1997 as Application Serial No. PCT/US97/20226 and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability of this application in accordance with Title 37, Code of Federal Regulations, Sec. 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, Sec. 119 of any foreign application(s) for patent or inventor's certificate listed in PART B on page 2 hereof and have also identified in PART B on page 2 hereof any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

I hereby claim the benefit under Title 35, United States Code, Sec. 120 of any United States application(s) listed in PART C on page 2 hereof and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Sec. 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Sec. 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

I hereby declare that all statements made herein of my knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint the following as my attorneys or agents with full power of substitution to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith:

Douglas A. Bingham	Reg. No. 32,457	Emily Holmes	Reg. No. 40,652
Thomas Fitting	Reg. No. 34,163	Thomas E. Northrup	Reg. No. 33,268
Donald G. Lewis	Reg. No. 28,636		

whose mailing address for this application is:

THE SCRIPPS RESEARCH INSTITUTE  
10550 North Torrey Pines Road, Mail Drop TPC-8  
La Jolla, California 92037

See Page 2 attached, signed, and made a part hereof.

PATENT APPLICATION DECLARATION AND POWER OF ATTORNEY

PART A: Inventor Information And Signature

Full name of SOLE or FIRST inventor Edwin L. Madison  
Citizenship USA Post Office Address 615 Stratford Court, No. 3  
Del Mar, California 92014

Residence (if different) \_\_\_\_\_

Inventor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Full name of SECOND joint inventor, if any \_\_\_\_\_  
Citizenship \_\_\_\_\_ Post Office Address \_\_\_\_\_

Residence (if different) \_\_\_\_\_

Second Inventor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Full name of THIRD joint inventor, if any \_\_\_\_\_  
Citizenship \_\_\_\_\_ Post Office Address \_\_\_\_\_

Residence (if different) \_\_\_\_\_

Third Inventor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Full name of FOURTH joint inventor, if any \_\_\_\_\_  
Citizenship \_\_\_\_\_ Post Office Address \_\_\_\_\_

Residence (if different) \_\_\_\_\_

Fourth Inventor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Full name of FIFTH joint inventor, if any \_\_\_\_\_  
Citizenship \_\_\_\_\_ Post Office Address \_\_\_\_\_

Residence (if different) \_\_\_\_\_

Fifth Inventor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Full name of SIXTH joint inventor, if any \_\_\_\_\_  
Citizenship \_\_\_\_\_ Post Office Address \_\_\_\_\_

Residence (if different) \_\_\_\_\_

Sixth Inventor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PART B: Prior Foreign Application(s)

Serial No.	Country	Day/Month/Year Filed	Priority Claimed
			<input type="checkbox"/> Yes <input type="checkbox"/> No

PART C: Claim For Benefit of Filing Date of Earlier U.S. Application(s)

Serial No.	Filing Date	Status:
60/030,655	11/12/96	<input type="checkbox"/> Patented <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Abandoned
		<input type="checkbox"/> Patented <input type="checkbox"/> Pending <input type="checkbox"/> Abandoned

See Page 1 to which this is attached and from which this Page 2 continues.